

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO 32366

1. OWNER JERRY E TODD ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS EUREKA NEV. 89311
 2. LOCATION SW 1/4 NW 1/4 Sec. 16 T. 17 N. R. 54 E. WHITE PINE County
 PERMIT NO. 45073 Issued by Water Resources Parcel No. _____ Subdivision Name _____

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other _____
 4. PROPOSED USE
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock
 5. WELL TYPE
 Cable Rotary RVC
 Air Other _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
TOP SOIL		0	6	6
DRY HARD CLAY & ROCKS UP TO 8"		6	88	82
LARGE BOUTER		87	88	1
COULD NOT DRILL PASS IT				
ABANDONED HOLE AND BACK FILLED WITH NATURAL CLAY AND ROCK				
WELL WILL HAVE TO BE DRILLED WITH CABLE TOOL RIG				

8. WELL CONSTRUCTION
 Depth Drilled 88 Feet Depth Cased NONE Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
28 Inches _____ Feet 28 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>NOT CASED</u>				

Perforations:
 Type perforation _____
 Size perforation _____
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level _____ feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name WALTER BLASKETT Contractor
 Address Box Contractor
EUREKA NEV. 89311
 Nevada contractor's license number issued by the State Contractor's Board 11882
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 635
 Signed James E. Smith
 By driller performing actual drilling on site or contractor
 Date 11-30-95

Date started 11-15-95, 19____
 Date completed 11-20-95, 19____

7. WELL TEST DATA

TEST METHOD:	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift		
G.P.M.		
<u>80</u>	<u>81</u>	<u>55</u>
<u>0.2</u>	<u>1.0</u>	<u>0.2</u>